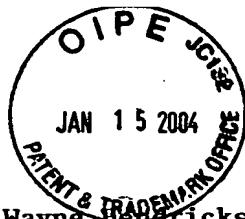


41
RESPONSE UNDER
37 C.F.R. §1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 1631



AF/1631
Docket No. 0575/80950/JPW/BJA

In re application of: Wayne H. Richardson et. al.

Serial No.: 09/609,027

Examiner: S. Zhou

Filed: June 29, 2000

Group Art Unit: 1631

FOR: CONJUGATED LIGANDS FOR THE STIMULATION OF
BLOOD CELL PROLIFERATION BY EFFECTING DIMERIZATION
OF THE RECEPTOR FOR STEM CELL FACTOR

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

TECH CENTER 1600/2900

JAN 20 2004

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S I R:

January 12, 2004

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

No additional fee is required. (Apart from \$420.00 fee for a Two Month Extension of Time
The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE		SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
				SMALL ENTITY	OTHER ENTITY				
Total Claims	7	- * 47	- *** 0	x \$9.00	\$18.00	-	-	-	0
Independent Claims	1	- ** 4	- *** 0	x \$43.00	\$86.00	-	-	-	0
Multiple Dependent Claims(s) Presented				Yes <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	\$145.00	\$290.00		0
For First Time:				TOTAL ADDITIONAL \$ FEE					

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Wayne A. Hendrickson et. al.
U.S. Serial No.: 09/609,027
Filed: June 29, 2000

Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

Please charge Deposit Account No. _____
in the amount of \$ _____.

A check in the amount of \$ 420.00 is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

Any patent application processing fees under 37 C.F.R. §1.17.

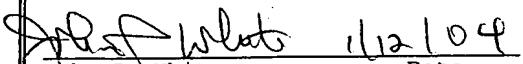
Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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